

Personal Income Tax Questionnaire

For City of Dayton, Ohio

Name _____ Social Security # required

Spouse _____ Social Security # required

Questionnaires with spouse information will be set up as JOINT FILING, unless you request separate accounts.

Present Address _____ City _____ State _____ Zip _____

Date you moved to current address _____ required to establish beginning date of tax liability.

Prior Address _____ City _____ State _____ Zip _____ Dates _____

SOURCE OF INCOME;

Name of your Employer _____

Is Employer withholding city tax? ☐ Yes ☐ No for what city? _____ @ rate%? _____

Name of your Spouse's Employer _____

Is Employer withholding city tax? ☐ Yes ☐ No for what city? _____ @ rate%? _____

If Self-Employed:

Business Name _____ Type of Business _____

Business Address _____

Do you have employees? ☐ Yes ☐ No If YES, your Federal ID# _____

Do you own rental property and receive income (or report losses) from the rent:

If yes, give locations of property:

Other income, e.g. partnerships, estates, trusts, etc.

Names and Social Security #s of other members of the household over 16 years:

If you are not liable for city tax, please give reason: _____

Active Duty Military income, Social Security, unemployment benefits, pensions, dividends, and interest are not taxable.

You may still be required to FILE a return.

Signature _____ Date _____ Phone # Home _____

Signature _____ Date _____ Phone # Work _____

E-mail address _____ @ _____ Phone # FAX _____



It is required by local income tax ordinance that this questionnaire be fully completed and returned by mail to the **City of Dayton, P. O. Box 1830, Dayton, Ohio, 45401** or by fax (both sides of letter) to (937) **333-4280**. This will allow us to correctly set up (or make corrections to) your account and mail you the proper tax forms. Thank you for your cooperation.

If you have any questions, please call us at (937) 333-3500 between 8.00 am through 5.00 PM Monday through Friday.